



FREE



WINTER COATS

Men, Women and Children
For Eligible Franklin County Veterans & Families
Eligible recipients must be present

Items needed to qualify:

Photo I.D.

DD 214 (if not already on file)

Household Income (current year tax return or current pay stub)

Marriage certificate and/or birth certificates

Family member receiving coat must be present

Date: Friday, January 23, 2009

Saturday, January 24, 2009

Time: Friday - 6 p.m. - 9 p.m.

Saturday - 9 a.m. - 4 p.m.

Location: Veterans Memorial, West Hall

Income Guidelines (number in family)

1	2	3	4	5	6	7	8
\$ 20,800	\$28,000	\$35,200	\$42,400	\$49,600	56,800	\$64,000	\$71,200

You may be asked to exchange your “old” coat for a “new” coat.

You must be a Franklin County Resident to be eligible for this program.

Please complete the following information and bring this form and proof of income to the Veterans Memorial in order to receive your winter coat.

Veterans Name _____ Veterans Date of Death _____
(if applicable)

Spouses Name _____

Veterans Social Security Number _____ Date of Birth _____

Spouses Social Security Number _____ Date of Birth _____

Date of Residence in Franklin County _____

Date Moved to Current Residence _____

Address _____

City, State, Zip _____ Telephone _____

Total Household Income from all Sources

Gross Monthly Income _____ Source _____

Employer _____ Occupation: _____

Pay Rate: _____ Hire Date: _____ Phone: _____

Other Monthly Income _____

Did you serve in Vietnam? _____ Are you enrolled in the VA Health Care system? _____

Applicants must provide a copy of their DD214 to verify military service.

Verification of income needs to be provided (i.e. Paystub, VA Award letter, Social Security Award letter or 2007 income tax return)

I certify to the best of my knowledge that the information contained herein is accurate and complete. I understand that it is my responsibility to update this information when there are changes in my status or income, failure to do so may result in my termination from future services. I hereby agree to comply with the Franklin County Veterans Service Commission policies and procedures.

Client/Guardian Signature

Date

VSC USE ONLY

Men: SM _____ MED _____ LG _____ XL _____ 2XL _____

Women: SM _____ MED _____ LG _____ XL _____ 2XL _____

Boys: XS _____ SM _____ MED _____ LG _____ XL _____

Girls: XS _____ SM _____ MED _____ LG _____ XL _____

☐ Approved ☐ Denied

VBS Signature

Date